

ISSUE SLIP STAPLE AREA. (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | A. Boone |        | 07-18-01 |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | RM       | 281    | 8-28-01  |
| RESPONSE FORMALITY REVIEW |          |        |          |

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 1              | ✓    |
| 2              | ✓    |
| 3              | ✓    |
| 4              | ✓    |
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| 7              | ✓    |
| 8              | ✓    |
| 9              | ✓    |
| 10             | ✓    |
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| 13             | ✓    |
| 14             | ✓    |
| 15             | ✓    |
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| Claim          | Date |
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| Claim          | Date |
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| Final Original |      |
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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10/1/01

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